



AETC News Clips

Keesler AFB, Miss.



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AF News Service Link, 15 Dec 05

Hurricane-ravaged Keesler gets toy delivery



[KEESLER AIR FORCE BASE, Miss. \(AFP\) -- Chaplain \(Capt.\) Ken Fisher, left, gives Master Sgt. Nicole Pearson and her 1-year-old daughter, Olivia a present. Captain Fisher was part of a group of Laughlin Air Force Base, Texas, that donated toys to children here. Sergeant Pearson is with the 81st Surgical Operations Squadron. \(U.S. Air Force photo by Kemberly Groue\)](#)

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by Susan Griggs
81st Training Wing Public Affairs

12/15/2005 - **KEESLER AIR FORCE BASE, Miss. (AFP)** -- Christmas is going to be a little brighter for some children at this Hurricane Katrina-ravaged base after people at two bases delivered more than 250 gifts.

A group from Hurlburt Field, Fla., donated more than 102 gifts Dec. 13. On Dec. 9, a group from Laughlin Air Force Base, Texas, donated 150 gifts.

"Although this started as a chapel project, it developed into a basewide effort," said Pete Gorczok, parish coordinator at Laughlin. "Chaplain (Capt.) Ken Fisher was deployed from

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Laughlin to Keesler right after Hurricane Katrina and was deeply aware of the base's needs.

The toy collection project was suggested by Farah Gibb, president Laughlin's Protestant Women of the Chapel. She got the ball rolling.

"Chief Master Sgt. Ted Pilihos, our command chief, has family in south Mississippi who lost their home. He was instrumental in getting our First Sergeants Council involved," Mr. Gorczok said. "Then the first sergeants at Hurlburt Field (Fla.) joined in.

"We had three Angel Trees -- one at each of our two chapels and another at the base exchange," Mr. Gorczok added. "We had 200 hand-decorated angel ornaments -- 100 for Laughlin children and 100 for Keesler children."

He said the first sergeants at Hurlburt Field collected the toys.

Captain Fisher, Chief Pilihos, Mr. Gorczok and Ms. Gibb were part of the Laughlin group that brought the toys here. As part of their visit, they toured nearby areas devastated by the hurricane.

"Lots of people have worked really hard on this," Captain Fisher said. "It's great to see the Air Force family work together to support each other in times of tragedy.

"Events like this help solidify why serving our nation and one another is such an awesome privilege and opportunity," he said.

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INSIDE THE AIR FORCE - *www.InsideDefense.com* - December 16, 2005

Katrina leaves \$900 million wake at Mississippi base KEESLER AFB OFFICIALS AIMING TO RETURN TO FULL OPERATIONS IN A YEAR

It will take up to a year for an Air Force base in the Gulf Coast region to be restored to full operational status after being hit by Hurricane Katrina and sustaining \$900 million in damage, according to a base spokeswoman. Lt. Col. Claudia Foss told *Inside the Air Force* in a Dec. 14 e-mail that the late-August hurricane damaged 95 percent of the infrastructure on Keesler Air Force Base, MS.

Foss said the money to repair the base has come from congressional appropriations through emergency supplemental spending bills. "To date, we have had two supplemental bills passed and a third is awaiting passage by Congress," she told *ITAF*. "Additionally, we will need a fourth supplemental to receive the full funding. The funding is from the following appropriations: operations and maintenance; military construction; military personnel; military family housing; defense health program; and investment."

There were 14 training facilities damaged by the storm, Foss added. Two of the training facilities, Garrard and McClellan halls, are non-operational due to water damage, and Keesler's Training Aids Facility suffered roof and structural damage.

"Water intrusion caused major ceiling, wall and floor damage and extensive mold growth," Foss said. "Other training facilities have minor damage." She estimated that about 9 percent of the training space is unusable.

Along with the training complexes, facilities used by 403rd Wing, an Air Force Reserve tenant unit, were damaged. Foss said the wing's headquarters will require extensive renovation, while aircraft hangers and maintenance

facilities are being evaluated to determine "if they are a total loss."

One precaution Keesler officials took before Katrina roared through was removing all aircraft from the base, Foss said. Aircraft on the base, which included the Aerial Weather Reconnaissance Squadron, the WC-130J "Hurricane

Hunters," and a tactical airlift unit, were moved to Dyess AFB, TX and Ellington Field, TX, respectively. One of the aircraft, the Hurricane Hunter, provided data to weather forecasters at the National Hurricane Center in Miami during the storm, she said.

The wing's WC-130Js, specialized for weather reconnaissance missions, and the C-130J-30s, which are stretched C-130Js, were flown to Dobbins AFB, GA, after the hurricane. There, they continued dual missions of hurricane reconnaissance and tactical airlift. The airlift equipment and personnel for the aircraft returned to Keesler Nov. 2, Foss said.

Another tenant unit at Keesler, the 45th Airlift Squadron, sent five of its C-21A aircraft to their parent wing at Little Rock AFB, AR. Student pilots scheduled for training were sent back to their home station and returned to Keesler after training resumed 34 days after the storm. No training time was lost, Foss said.

Two administrative facilities, the Consolidated Support Facility and Base Contracting are closed until major repairs can be made, according to Foss' e-mail. Of 1,820 housing units, 1,000 were flooded and are deemed uninhabitable.

The basement of Keesler Medical Center, the second largest hospital in the Air Force, was flooded with four feet of water. The flooding also damaged the first floor and forced the hospital to close, Foss said.

However, she said, the base's classroom and dormitory buildings did not sustain much damage because they were built to withstand 170 mph winds. According to the National Hurricane Center, when Katrina hit the Louisiana-

Mississippi coast it was a Category 3 hurricane with maximum sustained winds of 125 mph.

After the hurricane, Foss said Keesler senior leaders examined the damage and decided to evacuate those who did not have a mission on the base. As a result:

- 2,400 students and critical patients left the base;
- 1,100 students were evacuated to Sheppard AFB, TX;

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- Students who were later sent to their gaining units -- the units that gain personnel when the students are transferred -- will return to Keesler to complete their training, while those who were a few days away from graduating received their Air Force specialty;
- 1,300 airmen, who were at Keesler for advanced courses, were processed at Maxwell, AFB, AL, and returned to their home station;
- 108 patients and family members flew to Wilford Hall in San Antonio, TX;
- 104 residents went to that same facility while waiting for an assignment in other Graduate Health Training programs.

It will take a year for the base to fully return to normal, but its primary mission, technical training, resumed for five career fields three weeks after the storm, Foss said. Those five specialties, which include weather, enlisted aircrew, air traffic control, combat controller and ground radio courses began training six months sooner than expected, she said.

"The return to training was accelerated because some of the training facilities received little damage at all," she noted. Foss added Keesler is the only Air Force base that has the simulator equipment to teach those five critical specialties.

By next spring, 90 percent of the base's technical training facilities should be back, Foss said. The real challenge base officials face in bringing technical training to full operational status is providing personnel housing.

Keesler officials are evaluating the lessons learned from the hurricane. One action officials plan to take is improving communication between the base and the Federal Emergency Management Agency, she said. In addition, Foss added, base officials will "continue to improve facilities to withstand hurricane force winds and, where possible, relocate families located in flood zones." -- *Libby John*

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Student dies year after crash

By ANITA LEE

SUN HERALD

The struggle to regain a normal life ended Thursday for Alyssa Taylor, left in a coma more than a year ago by a drunken driver.

Taylor's mother, Ann Taylor, said Alyssa, 19, died at Walter Reed Army Hospital in Maryland.

"She was so strong for so long," Taylor said in a telephone interview. "It's been a long year and she fought for a long time."

Alyssa Taylor also leaves behind her father, Alvin, and 14-year-old brother, Tony.

The Taylors were living in D'Iberville when Alyssa's vehicle was hit head-on Oct. 1, 2004, by a 16-year-old driving drunk on Interstate 10. Alyssa was on her way home from Loyola University in New Orleans.

She endured numerous surgeries and spent more than three months in intensive care at Keesler Medical Center. She was released in a vegetative state to a specialty hospital, then eventually allowed to go home.

Ann Taylor resigned her job to devote herself full time to her daughter's care. The Alyssa Taylor Fund was established at Hancock Bank to help with medical expenses.

After Hurricane Katrina hit, the family was forced to evacuate to Maryland so that Alyssa could receive medical care.

The Sun Herald
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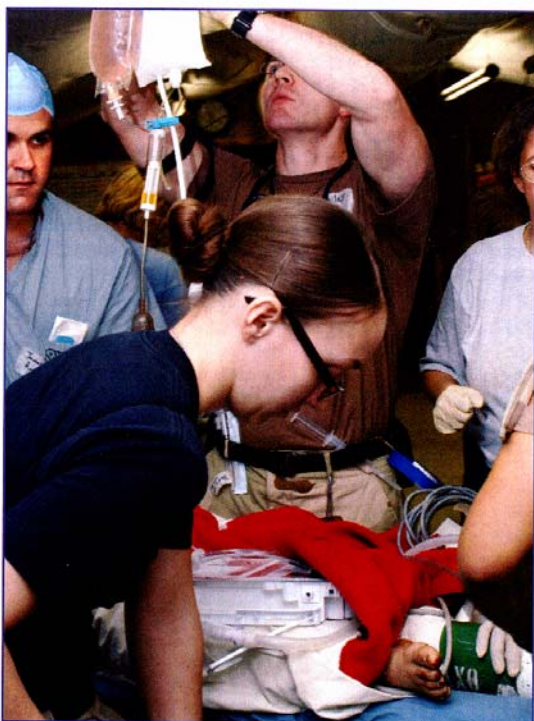
WHMC, Lackland AFB, Texas



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Military Medicine: READY AT A MOMENT'S NOTICE

by Rachel Bell



Medics urgently attend to an Iraqi child who was caught in car bomb blasts that occurred in the town of Balad on Sept. 29. The child was rushed here to the Air Force Theater Hospital where more than 29 Iraqis were treated. Photo by Airman 1st Class Chad Watkins.

Rich in tradition and steeped in history, the Alamo City is also a proud military town. San Antonio's identity is tied to the military in many ways, from the soldiers and airmen stationed at Fort Sam Houston and Randolph Air Force Base, to the scores of retirees and military families that call this city home. With such a strong military presence, San Antonio is in a unique position to benefit from two of the military's premier medical institutions, Brooke Army Medical Center (BAMC) and Wilford Hall Medical Center (WHMC).

There can be no doubt that San Antonio has world-class medical facilities, but no discussion about medicine in San Antonio would be complete without a close look at our military hospitals and the special people who make them run. Together, BAMC and WHMC constitute two of San Antonio's three level-one trauma centers, absorbing a significant number of civilian emergencies and critical injuries and, by some reports, contributing about \$4 billion to the San Antonio economy.

They're also teaching hospitals, full of natural leaders trained as soldiers, educators and medical professionals committed to training the health professionals of tomorrow. They boast programs and facilities that exist nowhere else in the world – civilian or military – and maintain a constant state of readiness to respond to military operations the world over.

SOLDIERS, DOCTORS, TEACHERS

According to a Harris Poll released September 8, doctors, nurses, military officers and teachers rank as four of the top six most prestigious professions. If U.S. adults consider it prestigious enough to be a member of one of those groups, imagine how remarkable it is to embody all three (nurse/doctor, military officer and teacher). BAMC and WHMC are home to such remarkable people who treat patients, serve the nation's interest and teach other medical professionals along the way.

It makes sense if you think about it. The skills that make good physicians, nurses, teachers and soldiers are interchangeable. "We're very fortunate to attract quality people who are truly dedicated," says Colonel Ted Parsons, Dean of the San Antonio Uniformed Services Health Education Consortium (SAUSHEC). "It's like a self-fulfilling prophecy – we have a good program, good people want to get in and then they make it a good program."

We know it takes a special person to put on any uniform, but what are some of the traits it takes to be attracted to military medicine? Ask any of the men and women at BAMC and WHMC and most of them will tell you it takes dedication, passion and sense of duty. In other words, to them, the primary traits that make good doctors, nurses and teachers also make good military officers.

However, the military values of integrity, service and excellence are values that transcend physician objectives as well. "The military is an organization you know does good," says Colonel Jill Sterling, a pulmonologist at WHMC. "What better way [to work] than to do good for those who do good?"

Major Patricia Bradshaw, an Air Force critical care clinical nurse specialist, believes it takes a "dedicated, unique set of knowledge and skills to meet professional and military needs." Choosing military medicine as a career also has a lot to do with patriotism. "People here want to be of service not just to their field,

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Emergency Room, Air Force Theater Hospital at Balad Air Base, Iraq, where patients were immediately treated before going to surgery, an ICU or a ward. U.S. Air Force photo by Dewey Mitchell taken during Fallujah offensive in November 2004.

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WHMC, Lackland AFB, Texas



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Airman Danny Au, a medical technician from Wilford Hall Medical Center, takes the blood pressure of a patient being evacuated on an ambulance bus from the hospital in Victoria, Texas. Patients were transported to San Antonio and area hospitals for care during Hurricane Rita. Photo by Maj. William Cody.

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but they want to serve their country as well," says Sterling. "You get to be a part of an organization you'd want to be a part of anyway," she says. That organization just happens to be the military, and the work done at WHMC and BAMC benefit patients in San Antonio and people around the world.

Colonel Tony Baskin, chief of trauma and critical care at BAMC, cites another benefit of military medicine. "Patient care is our primary interest," he says. "We don't have to worry about generating income from a business aspect."

And, Colonel Baskin's experience is especially remarkable, given the fact that he completed his military obligation and entered private practice for eight years, only to come back to the Army to continue his service as a surgeon, soldier and teacher.

"I liked this challenge better," he says. Colonel Baskin's modesty belies his overwhelming experience and commitment to military medicine.

And, though military medical positions pay markedly less than their civilian counterparts, Mike Dulevitz, public affairs assistant at BAMC, points out that for these unique professionals, "it's not about the money – it all comes back to duty, honor and service."

FAMILY TIES

For success in military medicine, it helps to have a special family equipped for the ups and downs of the unique service family members choose. Major Bradshaw's husband is also in the Air Force, and they were deployed at different times, enjoying a mere one week overlap in their duties. She also has a twelve-year-old daughter, balancing work with duties on many fronts. Still, she says, "I like wearing a uniform and serving my country."

"I always tell my patients' families 'your child is no different than my child'," says Major Michael Meyer, a pediatric intensivist at WHMC who sees pediatric as well as adult trauma patients. He has a wife and two daughters and takes this sentiment personally. He equates being "good and functional" at home with being "good and functional in the field."

Colonel Owen also credits his wife with amazing support. When he was preparing to respond to Hurricane Rita, he noted, "She [my wife] understands this stuff – after 29 years in service, she knows you've got to be ready to go."

Administrators encounter situations that require supportive families as well. Monica Dewitte is the trauma division program manager at BAMC. Her husband is trained as a CPA, and instead of working in an office as an accountant, he's deployed in Iraq as a nurse. "It goes beyond service to your country," says Dewitte, "you have a personal interest."

CRITICAL CARE AIR TRANSPORT

Wilford Hall boasts one of the Air Force's (and indeed the military's) most essential medical resources, called Critical Care Air Transport (CCAT).

Teams composed of a critical care physician, nurse and technician work aboard helicopters that fly in and out of combat zones, train at WHMC and deploy all over the world for months at a time. Their purpose is to stabilize critical patients in the field and transport them to permanent medical facilities for continued treatment.

CCAT teams have made a measurable difference in the war on terror as well as military operations other than war, or "MOOTW." Scores of soldiers and civilians have an increased chance of survival when critically injured thanks to the CCAT missions.

Colonel Sterling is an Air Force pulmonologist stationed at WHMC who wears many hats, including squadron commander and manager of the critical care nursing staff. But it's her role as CCAT pilot unit leader that has kept her busiest in recent months. She manages 20 CCAT teams from Wilford Hall, each composed of a critical care physician, critical care nurse and respiratory technician.

"The scale of operations we've conducted in Balad, Afghanistan and in response to the tsunami were so large," she says, "the military is capable of doing them successfully because we understand discipline, rules and chain of command."

CCAT HURRICANE MEDICAL RELIEF STAGED FROM SAN ANTONIO

When Hurricane Katrina blew ashore September 29, New Orleans sank into mass chaos and heartbreak. Medical teams from WHMC were among the first on the ground to gain control of the situation and render aid. Over a period of three days, seven Critical Care Air Transport (CCAT) teams were responsible for treating and transporting 26,000 victims to safety – 2,300 of them were critically ill and 4,000 needed patient care on the ground before it was safe to transport them anywhere.



Captain Mike Dixon and Staff Sgt. Lisa Gamez provide a hand to hold and reassuring words to an elderly patient who survived Hurricane Katrina. They are traveling aboard a C-17 Globemaster III from the New Orleans airport on Sept. 1 as part of a Critical Care Air Transport Team. Captain Dixon is an intensive care nurse and Sergeant Gamez is a respiratory therapist, both deployed from the 59th Medical Wing at Wilford Hall. U.S. Air Force Photo by Master Sgt. Lance Cheung.



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WHMC, Lackland AFB, Texas



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As a result of CCAT missions in New Orleans, "morbidity and mortality were markedly decreased because of quick response and trauma care," says Colonel Parsons.

Major Michael Meyer deployed from WHMC in support of Operation Enduring Freedom and Iraqi Freedom and was also on the ground in New Orleans for Hurricane Katrina. He credits his military training and medical practice at WHMC with being able to make a difference in every medical deployment.

"In New Orleans, we applied the military triage system at the airport, which served as the evacuee staging station," he explains. Dealing with "the medical reality of mass casualty" is all part of the training to him.

Colonel Owen, department chief of medical staff at WHMC, directed military medical operations in New Orleans. Since FEMA had relatively few resources on the ground, the military presence "eliminated the bottleneck of sick patients at the airport waiting to get evacuated," he says. "It was about doing the most good for the most people."

Colonel Owen just returned from service in Iraq in May, and also credits his team's experience in combat with managing skills in New Orleans. "Everybody knew their roles," he says. "We're used to dealing with masses of patients and still have that battlefield mentality."

Still, the sight of a flooded New Orleans and the subsequent floods of critically ill people into the airport were a compelling sight for this seasoned military doctor.

"It was like pictures of Gettysburg – there were literally thousands of people pulling at you from every direction," says Owen.

TRAUMA TREATMENT IN SAN ANTONIO

WHMC and BAMC are two of San Antonio's three accredited level-one trauma centers. This means that every day at any time, BAMC and WHMC are equipped to handle specialty services and treat complex cases.

Since these doctors are physicians and soldiers, the medical training they get at WHMC and BAMC serves a very important dual purpose. The majority of trauma patients seen at WHMC and BAMC are civilian emergencies, which is a fact that Colonel Owen calls a "win/win situation" for military medicine and San Antonio.

Major Meyer explains that military trauma services, "meet needs in the community as well as our training needs to help us maintain skills." He notes the similarity between the cases he sees at WHMC, like motor vehicle accidents, blunt traumas and gunshot wounds, and those he sees in the field. "The training we get with patients here help us prepare for what we see in war," he says.

Major Bradshaw also credits trauma experience in San Antonio with success in the military field. "We're already used to seeing trauma," she says. At WHMC, "we practice and polish critical skills with very sick patients, like working with chest tubes and ventilators, so when we deploy, we have a solid skill set."

Colonel Baskin appreciates this sentiment as he works to train critical care surgeons to respond to injuries in today's wars, and also speaks from personal experience in Vietnam.

"You have to be able to pack up and move at a moment's notice, set up and take down hospitals every day," he says from his eleven years of experience as a trauma surgeon with special operations teams. "You've got to do damage control with limited resources, often with snipers and mortar rounds going off around you."

This description of treating trauma in the Vietnam theatre is strikingly similar to the description from some soldiers serving in Iraq and Afghanistan today.

"We enter potentially hostile environments and active combat zones to treat and transport patients," says Major Meyer. During CCAT missions, "sometimes we and our patients come under fire, so we have to have training to not only take care of patients, but to also protect ourselves."



Medical personnel from Wilford Hall Medical Center provide care to wounded American soldiers at the Air Force theater hospital in Balad, Iraq. This type of war zone mission is equivalent to a dangerous emergency medical service run, something every emergency physician is taught during training.

MILITARY MEDICAL EDUCATION AND RESEARCH

As if it weren't enough to prepare for treating trauma in the field and at home, military medicine in San Antonio is responsible for an impressive contribution to research and general medical knowledge that extends beyond the military.

BAMC has a rich tradition of making exceptional contributions to general medical research. "From the laboratory all the way to the clinic," says Colonel Baskin, "BAMC is a center for excellence in critical care research."

One example of medical research that was put into immediate and widespread practice is hemorrhage control agents. BAMC conducted a study on different bandages to see which were most effective at controlling bleeding. Based on the findings, doctors were able to immediately treat patients at BAMC with the best techniques and get the best bandages into every soldier's battle kit.

Also, "the whole idea of blood-banking came out of previous wars," says Colonel Baskin.

BAMC is currently conducting a study on blood substitutes that will also include multi-national clinical trials. The outcome will not only have a measurable impact on medical education, but on medical practice all over the world.

Another point of distinction about military medical education is the exceptional performance their physicians demonstrate on board examinations. According to Colonel Parsons, military physicians pass at a rate of 94% compared to 75% of those from civilian programs. Colonel Baskin has numbers even more impressive, boasting his trauma critical care fellows and residents have a 100% first-time board pass rate.

As the Dean of the San Antonio Uniformed Services Health Education Consortium (SAUSHEC), Colonel Parsons oversees all training programs at WHMC, BAMC, University of Texas Health Science Center (UTHSC) and Darnall Medical Center in Fort Hood, Texas. From his perspective, anything that affects one of the three major teaching facilities (BAMC, WHMC, UTHSC) affects the others. From being overwhelmed with trauma patients to deployments that affect teaching, "there's a huge domino affect," says Parsons. "We have to maintain a careful balance and share all of our resources."

Knowledge is a huge part of those resources Colonel Parsons mentions. SAUSHEC graduates some 160-170 residents each year, and they're all expected to write research papers in order to complete graduation requirements. Every year, SAUSHEC health professionals publish over 100 articles in medical literature, and they present papers at national and international

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conferences sponsored by numerous professional organizations. The program also produces national award winners in fields like neurology, pulmonology and surgery.

UNIQUE TREATMENTS BEYOND SAN ANTONIO

San Antonio has the distinction of being home to medical treatments that exist nowhere else. Thanks in large part to the military resources that can be brought to bear and the exceptional dedication and talent of the people involved, WHMC and BAMC can make life better for soldiers and civilians the world over.

For example, when an infant is critically injured and requires immediate intensive care, WHMC has the world's only "ECMO" (Extra Corporeal Membrane Oxygenation) machine that can be used in transport to treat the child and fly him/her from one medical facility to another. The ECMO is a heart/lung bypass that dramatically increases survival rates for the children that require its use because treatment doesn't stop in transport.

WHMC is also the only hospital in the Air Force with a pediatric intensive care unit (PICU), and one of only two in the San Antonio area that boasts this capability. Major Meyer notes, "Ninety-five percent of pediatric trauma at Wilford Hall, as well as the vast majority of our trauma patients in general, comes from the civilian community."

WHMC also enjoys the distinction of being the only facility in the world that can offer emergency flights for PICU cases, performing trans-continental and trans-oceanic transport of sick children all over the world. "We just completed a mission to Alaska to treat and transport two young boys," says Major Meyer.

BAMC boasts the only burn center in the entire Department of Defense, and is also one of only four in all of Texas. The center will treat

approximately 500 burn patients this year, many of whom injured in Iraq and flown to BAMC for treatment within days of their injuries.

"Our burn unit is entirely self-sufficient," says Colonel Baskin. "They are capable of going to pick up patients and treating them for multi-system traumas."

People might not realize that these services are not exclusive to those in the military, but they also can respond when civilians require them.

THE BRAC AND BEYOND

The last several months have brought rumblings through San Antonio about what the Base Realignment Committee (BRAC) would decide about closing and/or reallocating military resources here. While a degree of uncertainty remains, the good news is that plans are underway to leave both BAMC and WHMC open and operational. Both hospitals will continue to serve interests in San Antonio as well as in the military and beyond. However, the process of divvying up and streamlining services is daunting and one that will take more time to sort completely.

Still, San Antonio is poised to continue an upward trend of contributions to military medicine and all medical communities around the world. BAMC and WHMC are medical institutions that do immeasurable service to the San Antonio community as well as the world outside of South Texas. They attract the highest caliber talent—people who are as dedicated as they are skilled and who are entrusted with preserving military medicine as the valuable resource it is for generations to come.



Rachel Bell is a freelance writer and consultant in San Antonio.



AETC News Clips

Little Rock AFB, Ark.



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LRAFB

463rd: Inside look at war on terror

IN SHORT Operations Group at Little Rock Air Force Base is staying busy with the war on terror while looking forward to its 50th anniversary in 2006.

By SARA GREENE
Leader staff writer

Besides being a schoolhouse for all things related to the C-130 cargo plane, Little Rock Air Force Base houses the 463rd Airlift Group, which transports "beans and bullets" as well as troops, all over the world.

"Airlift is one of the most vital part of

the war on terror," said Col. Scott Lockard, deputy commander of the 463rd, which was established at Little Rock Air Force Base in 1997.

"We're using it to get over some of those areas that are hazardous to military convoys," Lockard said, adding that this year the 463rd helped train the first all-

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Little Rock AFB, Ark.



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Submitted photo

The first all-Iraqi C-130 crew takes off for a mission after several months of training with the 463rd Airlift Group.

► Look

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Iraqi C-130 Hercules crew.

The 463rd has about 1,200 airmen under its command divided up among an aircraft maintenance squadron, maintenance operations squadron and an operations support squadron, as well as two airlift squadrons, the 50th and the 61st.

The 61st Airlift Squadron flies 12 of the older C-130E aircraft and the 50th Airlift Squadron flies 14 of the C-130H3 aircraft.

Currently about 20 percent of the 463rd is constantly leaving or arriving on rotating deployments that typically last 180 days.



Col. Lockard

"They're ours in our hearts, but while they're in the theater (of war) they belong to the commander over there. As a commander, you have to trust them to take care of your troops," Lockard said.

"It's tough on a commander to not have that day-to-day involvement with your airmen."

"The personnel are performing magnificently across the



Submitted photo

A 463rd Airlift Group crew demonstrates the unloading of an Army Stryker armored vehicle from the rear of a C-130 during a military exercise this year.

board in the AOR (Area of Responsibility). The personnel are coming back feeling fulfilled because they understand the importance of what they're doing over there. They're fired up when they get back," Lockard said.

Currently, there are five C-130s from the 463rd in Southeast Asia which includes Iraq and Afghanistan.

Like personnel, the aircraft are rotated back to Little Rock Air Force Base regularly.

"We fly the aircraft hard and we land in austere conditions. It's

hard on the tires and brakes," Lockard said. "We bring them back for the maintenance we can't perform in the desert."

Originally stationed at Ardmore Air Force Base in Oklahoma as the 463rd Troop Carrier Wing, the Wing received the first C-130A from Lockheed Aircraft Corporation on Dec. 9, 1956.

To celebrate the 50th anniversary of the first C-130, Lockard said the 463rd is planning a variety of events to make 2006 "The Year of the Herk," referring to the Hercules.

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Vance AFB, Okla.



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Pilot flying over adversity

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By Jeff Mullin, Senior Writer

CNHI News Service - By Jeff Mullin

Senior Writer

Life has not been easy for Austin Mosher.

In his life he has undergone six operations, including open-heart and stomach surgery. He is facing his seventh surgery next week.

As if that weren't enough, Austin Mosher has Down syndrome.

By the way, he is only 21 months old.

He has not, however, let anything get him down. His parents say he is a good-natured baby, and his smile lights up the room.

Austin must take after his father, 1st Lt. Shawn Mosher. Upon graduating from high school near Syracuse, N.Y., in 1997, Mosher was told his Scholastic Aptitude Test scores were not good enough to get him into the Air Force Academy. So he attended a California prep school, then went to a college in upstate New York, then to the Air Force Academy prep school.

"It took me two years to get into the academy after graduating in '97, and it took me 13 SATs and five ACTs to get accepted," said Mosher.

"He doesn't give up," said his wife, Abby.

Further evidence of Mosher's perseverance is the fact Friday he graduated from pilot training at Vance Air Force Base, receiving his wings as part of Class 06-03.

It has taken Mosher 21 months to complete a process that normally takes just over 12. And he did it despite concerns about his son's incurable, life-threatening disease.

"A lot of people in the world allow any kind of adversity to get them down," said Lt. Col.

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AETC News Clips

Vance AFB, Okla.



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J.J. Hokaj, commander of the 32nd Flying Training Squadron. "They blame their problems on other people or on their circumstances. He has not allowed that to become a factor in anything he's done."

Most student pilots are worried about what follow-on aircraft they will be assigned to after graduation. Most have one airplane in mind and are disappointed if they don't get their first choice. Not Mosher. Instead of an aircraft, he had a base in mind, and would have been more than disappointed had he not gotten his first choice.

During Class 06-03's recent assignment night, Mosher learned he would be flying the C-21, the military version of the Learjet, out of Scott AFB near St. Louis. He requested that assignment because St. Louis Children's Hospital is one of the largest pediatric lung hospitals in the nation.

Austin, who uses supplemental oxygen much of the time and has a feeding tube in his stomach, suffers from pulmonary hypertension, a rare disorder of the lung in which pressure in the pulmonary artery (the blood vessel that leads from the heart to the lungs) is above normal levels, restricts breathing and can cause heart failure. PH occurs in some two people per million every year.

The Mosher's learned something was wrong with Austin the day Shawn began pilot training at Moody Air Force Base in Valdosta, Ga., in March 2004.

"I had a phone call from her saying, 'Shawn, there's something wrong with our baby,'" said Mosher.

Weeks later, Austin was born. He weighed 2 pounds, 13 ounces and was 16 inches long. His mother had carried him only 36 weeks.

Thus began an odyssey of doctor's appointments and surgeries in Jacksonville, Fla., a two-hour drive from Valdosta. In the meantime, Shawn was continuing his pilot training. And Austin isn't the Mosher's only child. Daughter Asiya, 8, is now a third-grader at Eisenhower Elementary School.

"She was doing it by herself," said Mosher of Abby. "Every time a surgery came up they pulled me from training."

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He was given the option of taking an extended period off from training, or of giving up his quest for his wings altogether.

"I guess we just stuck through it because ..." Shawn began, "It had to get done sometime," Abby continued.

So in fits and starts, Mosher continued his training.

"I've had my share of hooks," said Mosher, using the pilot's term for an unsatisfactory flight.

His six-month stint at Moody stretched to 14 months, during which he was "washed back" through four pilot training classes. He wound up with 20 unsatisfactory rides in the T-6A Texan II and graduated in the lower third of his class.

"I think typically people graduate from the T-6 program with 85 hours," said Mosher. "I graduated with 122."

Moody has no follow-on pilot training, so all graduates must move on to other bases.

"Moody never sends people to Vance," said Abby Mosher. "They specifically sent us to Vance because this is the only base that would accept him (Austin) medically."

The Mosheres were turned down by all other pilot training bases. When the rest turned the Mosheres down, Vance accepted them.

"I don't think they thought I could do it," said Mosher.

It hasn't been easy at Vance, either, particularly when he learned without treatment or a lung transplant, Austin would have two years or less to live.

Through it all, Mosher never asked for any special treatment. He also didn't want his instructors or classmates to know about his son's condition.

"I didn't want people to know, when I was flying," said Mosher. "Usually, when you tell an instructor you're suffering these problems, they treat you different. I didn't want pity."

"It is absolutely a grueling program the entire year," said Capt. Alan Baum, Mosher's flight commander in the T-1 squadron. "There are 12-hour days here and then studying at home. For him to go home and have health issues with his son requires a little more parenting than most parents are required to do. He's done a good job under the

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circumstances he's been put under."

Mosher received no special treatment, said Hokaj, but perhaps got some extra help not because of his situation, but of who he is.

"He's worked awfully hard," said Hokaj. "Nobody gave him anything because of his situation, but because of his perseverance we did perhaps do some extra work with him."

The Mosheres won't have long to celebrate Shawn's graduation. They leave Sunday for St. Louis, where Austin will undergo a heart catheterization and have an intravenous line placed in his heart so he can receive medication to help combat his PH, medication he will have to take the rest of his life. Shawn must report Jan. 9 to his new post at Scott.

And in a month the couple will welcome a new baby, another boy.

Through it all, Austin is "The happiest kid I've ever seen," said Abby. "When he's getting testing done, when he's at the doctor's office, anything, he's just happy."

Mosher said Austin's illness has changed his perspective.

"It helped us mature so fast that it helped us realize what is really important in life," said Mosher. "We love each other very much. Our kids mean everything to us, and it's all about our family."

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1st Lt. Shawn M. Mosher of Scott Air Force Base Ill., gives a hug to his expecting wife Abby after receiving his wings during a graduation program for Class 06-03 the Vance Air Force Base Auditorium Friday. The couples' 21-month-old child Austin was born prematurely and has Down syndrome. (Staff Photo by ANDY CARPENEAN)

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